

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. _____
Bu. Vou. No. 2404

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 4
DPD-1876-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$2,953.	24

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$2,953.24

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date 3-13-59 *Payee

when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials) *EE*

\$2,953.24

Contract No. 67701 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ for Treasurer of the United States in favor of
{ Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

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BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Class	Element	CODE	Maj.	Int.	Sub.	Account	M.I.O.	S.O.	Work Order	
39	02	16	9	6118	45628		02	17	871				1	50	25	00	00	12501	3032	58		4720
41	02	17	9	16739	5243		02	18	106					50				12501	3032			360
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FORM STL - 660

[illegible]

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THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WK DIRECT 2-22

DATE

59

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No.	BATCH		INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
43	02	17	12092	6364		02	19	47				1	50	25	00	00	12501	3093	65	11500
44	02	17	SP1574	3787		03	03	113				1	50	25	00	00	12501	3093	65	2000
54	02	19	7287-59	3779		02	23	90				1	50	25	00	00	12501	3093	65	6120
99	02	18	7354-34	5776		02	07	3744				1	58	25	00	00	12501	3093	65	1655
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								Mo.	Day							Met.	Int.	Sub.		M.I.O.	S.O.	Work Order	
	48	02	17	9	14458	5795		02	19	695				1	50	25	00	00	12501	3093	75		2000 2000 2000 27345
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BATCH	No.	Mo.	Day	Yr.	INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
								Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
	52	02	18	9	2955	46279		02	20	2142				1	50	25	00	00	12501	5047	17	1725** 1725** 1725***

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